LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

STATE OF LOUISIANA	
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PARISH OF Evangel in	
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	Ç.
Linda F. Deville	
(Name)	, residing at 3726 Faubourg Rd Washington LA 70589
(11110)	(Mailing Address, including City & Zip Code)
do declare that :	
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Citation and a 21	statement is made pursuant to LSA-R.S. $42:1119B(2)(b)$ for the year beginning car)
	2.
That I was a Cl	tar Walley Carlot and the Carlot
Aprile Lintre Woo	ical_Center IncHospital Service District / Public Trust Authority
	ame) his capacity since February 1995
	IIIS CADREILY SINCE February 1945
and have served in t	
That my immediate	(Month) (Day) (Year) [amily member, defined by LSA-R.S. 42:1102(13) as his children, the succession
That my immediate of children, his broth his spouse, and the p	
That my immediate of children, his broth his spouse, and the proble Trust Anthor	(Month) (Day) (Year) 3. family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses ers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, parents of his spouse, is employed by the described Hospital Service District / ity. The facts of such employment are as follows:
That my immediate of children, his broth his spouse, and the Public Trust Author Name of Inc.	(Month) (Pay) (Year) [family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses ers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, harents of his spouse, is employed by the described Hospital Service District / ity. The facts of such employment are as follows:
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That my immediate of children, his broth his spouse, and the Public Trust Author Name of Ing Relation of I	(Month) (Day) (Year) [amily member, defined by LSA-R.S. 42:1102(13) as his children, the spouses ers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, harents of his spouse, is employed by the described Hospital Service District / ity. The facts of such employment are as follows: Continued to Family Member: Laura Fontenet, RN
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That my immediate of children, his broth his spouse, and the public Trust Author Name of Inn Relation of I Position: Ou Date camploy Applicable E	family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses ers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, harents of his spouse, is employed by the described Hospital Service District / ity. The facts of such employment are as follows: Incline Family Member: Laura Fontenet, RN Interior Services Supervisor and (month, day, year): I Exception (check all that apply): Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority Serving in public employment continuously since April 1, 1980, the effective
That my immediate of children, his broth his spouse, and the public Trust Author Name of Inn Relation of I Position: Ou Date camploy Applicable E	family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses ers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, harents of his spouse, is employed by the described Hospital Service District / ity. The facts of such employment are as follows: nediate Family Member: Laura Fontenet, RN minediate Family Member: Sister tputfent Services Supervisor ed (month, day, year): I xception (check all that apply): Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed physician

<u>NOTE:</u> These disclosure statements are due by January 30th of each year that you have an immediate family member employed by the hospital service district or bospital public trust authority. This is so even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members coupleyed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.

Amendment(s) Attached

AUG 728

LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

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STATE OF LOUISIANA			79
PARISH OF Evangeline			- 1
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I, Linda F. Deville residing at	3726 Faubour	g hd Washington LA	70589
(Name)		ling Address, including City	
	3040000		
do declare that :			
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grand to the second of the sec			10 000 000 0
That this disclosure statement is made pursuan on January 1 st , _2001	HOLSA R.S. 4	2:1119B(2)(b) for the ye	ar polititini
			20.3
(Year)			
	2.		7 W
	. 2.		ch (1)
That I am a Chief Executive f Board	Member / C	lonunissioner feirele e	mel of the
Ville Platte Medical Center Inc.			
(Name)		The Production of the life	No.
and have served in this capacity since Pebr	ruary 1995	29	Co
	(Month) (Day)	(Year)	
	35 2538	2F 3F	
That my immediate family member, defined by of children, his brothers, his sisters, the spouses his spouse, and the parents of his spouse, is or Public Trust Authority. The facts of such emp	of his brothers, uployed by the	the spouses of his sisters described Hospital Servi	, his parents,
Name of Immediate Family Member:	Laura For	ntennt, kN	
Relation of Immediate Family Membe	li Stator	0.0000000000000000000000000000000000000	
Position: Output Jent Services Sup	ervisor		
Date employed (month, day, year): Applicable Exception (check all that a	710011110	CONTRACTOR DESIGNATION	1000
Employed by Hospital S	qny). ergica District /	Public Tourt Authority 0	Se escas 11
		icf executive or a board	
		District / Public Trust At	
	7	- AMILOT I WORL THIS THE	amonty
Serving in public coupley date of the Code of Go			the effective
thire in the cloop of do	*CITIBLITIES 1585	ica	
X Hospital Service District	/ Public Trust	Authority has a district or	Omulation of
		is employed as a license	
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La Dende	المستور المستور	spital Board Member or	
augusturescaner	EXECUTIVE, Plos	spiral Board Meniner or	Commissioner

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AMENDMENT